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BIBDATASHEET**CONFIRMATION NO. 6593**

Bib Data Sheet

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|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|
| SERIAL NUMBER 10/629,328 | FILING DATE 07/29/2003 RULE | CLASS 005 | GROUP ART UNIT 3673 | ATTORNEY DOCKET NO. 31464.UT |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------------|

APPLICANTS

John William Barr, Tampa, FL;

**** CONTINUING DATA *******
 This appln claims benefit of 60/399,266 07/29/2002

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **** SMALL ENTITY ****
**** 10/27/2003**

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|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY FL | SHEETS DRAWING 1 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 3 |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|

Verified and Acknowledged
 Examiner's Signature Initials

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TITLE
 Therapeutic bed cover and associated methods

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| FILING FEE RECEIVED 495 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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